

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

AUG 16 2005

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>18335</b>	2. Fiscal Year Covered From: <b>4</b> / <b>1</b> / <b>2004</b> Through: <b>3</b> / <b>31</b> / <b>2005</b>
3. Name and address of person filing. Name <b>William J Allison</b> P.O. Box, Bldg., Room No., if any Street <b>3545 3rd Street A</b> City <b>East Moline</b> State <b>Illinois</b> ZIP Code + 4 <b>61244</b>	4. Name, file number, and address of labor organization. Name <b>Plumbers &amp; Pipefitters Local #25</b> Labor Organization File Number <b>025-912</b> P.O. Box, Building and Room Number, if any Street <b>4600 46th Avenue</b> City <b>Rock Island</b> State <b>Illinois</b> ZIP Code + 4 <b>61201</b>
5. Position in labor organization. <b>President</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*William J Allison*

On

**8-8-05**

By

Date

**309-755-1944**

Telephone Number

Name of Person Filing <b>William Allison</b>	File Number <b>U-</b>
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<p><b>8. Name and address of Business (including trade name, if any).</b></p> <p>Name <input type="text" value="Local #25 Health &amp; Welfare Fund"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="4600 46th Avenue"/></p> <p>City <input type="text" value="Rock Island"/></p> <p>State <input type="text" value="Illinois"/> ZIP Code + 4 <input type="text" value="61201"/></p>	<p><b>9. Business deals with:</b></p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p><b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b></p> <p>Name <input type="text" value="Local #25 Health &amp; Welfare Fund"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="4600 46th Avenue"/></p> <p>City <input type="text" value="Rock Island"/></p> <p>State <input type="text" value="Illinois"/> ZIP Code + 4 <input type="text" value="61201"/></p>	<p><b>11.a. Nature of such dealing.</b></p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> Benefits are paid to the Health &amp; Welfare Fund by signatory contractors on behalf of union members. </div> <p><b>11.b. Approximate dollar value of such dealing.</b> <input type="text" value="\$5,902,885"/></p> <p><b>12.a. Nature of interest held or income received.</b></p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> Reimbursed Expenses </div> <p><b>12.b. Amount.</b> <input type="text" value="\$1,000"/></p>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<p><b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b></p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p><b>14.a. Nature of payment.</b></p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"></div>
<p><b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b></p>	<p><b>14.b. Amount of payment.</b> <input type="text"/></p>

Name of Person Filing <b>William Allison</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).  Name <b>Eastern IA/Western IL Mechanical Contractors</b>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street <b>4711 44th St. Ste. 2</b>  City <b>Rock Island</b>  State <b>Illinois</b> ZIP Code + 4 <b>61201</b>	9. Business deals with:  <input checked="" type="checkbox"/> a. Labor Organization  <input type="checkbox"/> b. Trust  <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	11.a. Nature of such dealing.  <div style="border: 1px solid black; height: 80px; width: 100%;"></div>
	11.b. Approximate dollar value of such dealing.  <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
	12.a. Nature of interest held or income received.  Seminar retreat \$512.00 Golf Outing \$ 75.00 Christmas Party \$ 60.00
	12.b. Amount. <span style="float: right; border: 1px solid black; padding: 2px 10px;"><b>\$647</b></span>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.  <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.  <div style="border: 1px solid black; height: 20px; width: 100%;"></div>